

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	82	92	deg F	6	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.8	1.06	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	09/09/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Six exceedances for temperature of the discharge water - See attached reports

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2016	08/31/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.2	*****	7.2	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE		DATE	
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		/9/09/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	81	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.73	1.09	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	0/07/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2016	09/30/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager			(603)627-5150	0/07/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	68	77	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.72	.94	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE		DATE	
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		1/08/2016	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2016	10/31/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager			(603)627-5150	1/08/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	59	68	deg F		Three per Month	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2	SU		Three per Month	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.34	.67	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	2/12/2016
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Plant shut down for maintenance the week of 11/14/16

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2016	11/30/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE
Susan Barown/ Quality-Compliance Manager			(603)627-5150	2/12/2016
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	55	67	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.43	.57	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	11/10/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2016	12/31/2016

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE	
Susan Brown/ Quality-Compliance Manager			(603)627-5150	11/10/201	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	71	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.37	.5	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	03/01/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2017	01/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager			(603)627-5150	03/01/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	52	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.57	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	04/14/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2017	02/28/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE		DATE
Susan Brown/ Quality-Compliance Manager			(603)627-5150		04/14/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	56	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.38	.56	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE		DATE	
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		04/13/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2017	03/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE	
Susan Brown/ Quality-Compliance Manager			(603)627-5150	04/13/2017	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	61	64	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.36	.6	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	05/12/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2017	04/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE		DATE
Susan Brown/ Quality-Compliance Manager			(603)627-5150		05/12/2017
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	66	70	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.65	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	16/08/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2017	05/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE	
Susan Brown/ Quality-Compliance Manager			(603)627-5150	16/08/201	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	74	81	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.62	.83	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE		DATE	
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		07/11/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2017	06/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE	
Susan Brown/ Quality-Compliance Manager			(603)627-5150	7/11/201	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	78	83	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.54	.84	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	8/11/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2017	07/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE	
Susan Brown/ Quality-Compliance Manager			(603)627-5150	8/11/201	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	81	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.4	.64	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	09/12/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2017	08/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 5	< 5	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	/9/12/201
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	76	82	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.2	SU		Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	.72	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE	DATE
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	0/09/2017
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2017	09/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE	DATE	
Susan Brown/ Quality-Compliance Manager			(603)627-5150	0/09/201	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	72	77	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.67	.78	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown		TELEPHONE		DATE	
Susan Brown/ Quality-Compliance Manager		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		1/06/2017	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2017	10/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Susan Brown	TELEPHONE		DATE
Susan Brown/ Quality-Compliance Manager			(603)627-5150		1/06/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	56	64	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	.82	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		2/20/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2017	11/30/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		2/20/201
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	52	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.62	.81	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		11/12/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2017	12/31/2017

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	11/12/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	43	47	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.68	.78	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
Jason Bizarro/ President and CEO			(603)627-5150		12/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2018	01/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
Jason Bizarro/ President and CEO			(603)627-5150	12/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	52	56	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.59	.74	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		03/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2018	02/28/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	03/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	47	50	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.56	.97	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
Jeffrey Slark/ EHS Coordinator			(603)627-5150		04/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2018	03/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
Jeffrey Slark/ EHS Coordinator			(603)627-5150		04/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	54	62	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.63	.72	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		05/21/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2018	04/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	05/21/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	67	70	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.8	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.41	.51	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		6/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2018	05/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	6/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	78	82	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.3	.66	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		7/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2018	06/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	07/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	80	86	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.52	.69	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	8/15/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

We had one temperature exceedance for a daily reading from 004, caused by the heat wave during the 2nd week in July.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2018	07/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	8/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	80	85	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.74	.76	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	09/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The daily max temperature exceedance was due to a heat wave we had during the first week of August. Daily max on our permit is 83 degrees F, and our reading showed 85 degrees F on 8/7/18.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2018	08/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1	SU		Annual	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Annual	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Annual	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Annual	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Annual	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Annual	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	9/14/2018
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Grab samples for TSS and Oil & Grease were taken on 9/7/18. Lab results attached for reference (if needed).

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	75	83	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.9	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.49	.78	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/12/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2018	09/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/12/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	68	78	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	7.4	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.39	.66	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		1/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2018	10/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	1/15/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	52	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.6	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.36	.69	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		2/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2018	11/30/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	2/13/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	53	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.8	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.47	.64	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		11/14/2018
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 12/26/18, the inlet pH reading was 6.38. This attributed to our low effluent pH of 6.42 on the same day.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2018	12/31/2018

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	11/14/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	51	58	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.51	.75	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		12/14/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2019	01/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	12/14/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	46	51	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.54	.78	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		03/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2019	02/28/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	03/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	50	51	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.7	.88	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		04/13/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2019	03/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		04/13/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	55	59	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	6.6	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.74	.86	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		05/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 4/29/19 the river water intake grab sample for pH was 6.33. This caused a low effluent pH reading of 6.33 on the same day.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2019	04/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jeffrey Slark	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	05/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	64	73	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.5	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	.86	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	6/14/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

On 5/6/19 the river water intake grab sample for pH was 6.0. This caused a low effluent pH reading of 6.1 on the same day. There was also a low intake pH reading on 5/13/19 and 5/20/19 causing effluent pH to be below the permit limit, both of which were reported to the NHDES and EPA.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2019	05/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	6/14/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	69	72	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.5	.64	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		7/12/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2019	06/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	7/12/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	79	87	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.55	.81	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.5 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Recorder (auto)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		8/14/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The high effluent temperature reported is attributed to a stretch of 90+ degree days in July, causing high intake temperatures. The Daily max temp. was recorded on 7/29/19.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2019	07/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	08/14/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	82	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.2	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	1.02	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		09/13/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	08/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		09/13/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	73	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.8	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.45	1.32	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	68	deg F		Annual	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Annual	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.2	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	13	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	11	mg/L		Annual	Grab
00410 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18	mg/L		Annual	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0003	mg/L		Annual	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		0/29/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0003	mg/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.002	mg/L		Annual	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.001	mg/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0003	mg/L		Annual	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0003	mg/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Annual	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		0/29/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0087	mg/L		Annual	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.007	mg/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.043	mg/L		Annual	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.071	mg/L		Annual	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Annual	Composite
51446 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Annual	Grab
51446 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%			
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		0/29/2019	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%			
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/29/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.009	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2019	09/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	7	*****	7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	4	4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/15/2019
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	71	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.3	*****	7	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.12	1.26	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	1/15/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The low pH of 6.31 occurred on 10/31/19. This is attributed to a low intake pH reading on the same day, of 6.24 from the Merrimack River. The EPA and NHDES were notified.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	10/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		1/15/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	54	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.2	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.04	1.34	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	2/09/2019
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The low pH recorded is attributed to the low pH of water coming in from the Merrimack River. Joy Hilton and Stephanie Larson were notified each time the pH was recorded outside of the permit range.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2019	11/30/2019

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		2/09/2014
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	45	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.2	SU	3	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.16	1.41	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		11/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The low pH recorded is attributed to the low pH of water coming in from the Merrimack River.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		11/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2019	12/31/2019

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		11/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	48	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.3	SU	5	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.99	1.14	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
Jay Bizarro/ President and CEO			(603)627-5150		03/01/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 5 exceedances for pH were due to low pH reading on the intake from Merrimack River therefore resulting in low pH values for the discharge outside the permit range. This occurred all 5 weeks of the reporting period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	01/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.006	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
Jay Bizarro/ President and CEO			(603)627-5150		12/14/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	45	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.2	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.59	1.02	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		03/17/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 4 low pH's recorded are attributed to the low pH of incoming water from the Merrimack River

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2020	02/29/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	03/17/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	54	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.3	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	1.04	1.24	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	04/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling the non-contact cooling water on 3/4, 3/11, 3/18, 3/25 indicates pH readings outside of the permit range of 6.5 ? 8.0. The Merrimack River intake grab samples were low therefore resulting in effluent grab samples to be outside of the permit range.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		04/13/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2020	03/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.2	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	28	28	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		04/13/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sampling on 3/31/2020 indicated a pH reading outside of the permit range of 6.5 ? 8.0. The Merrimack River intake grab sample was low (6.2) therefore resulting in effluent grab samples to be outside of the permit range.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	6.3	SU	5	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.95	.98	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	05/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
April had 5 exceedances on pH due to low pH coming in from the Merrimack River.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	04/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		05/12/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.3	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.75	.86	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	16/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 4 exceedances for pH were due to low pH reading on the intake from Merrimack River therefore resulting in low pH values for the discharge outside the permit range. This occurred all 4 weeks of the reporting period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	16/09/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.93	.9	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		07/14/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temperature exceedance occurred on 6/23/2020 due to an extended heat wave of greater than 90 days along with drought conditions the incoming river water temperature was 83.8 F.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		07/14/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2020	06/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.4	*****	6.4	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	6	6	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	07/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Exceedance on pH 6/16/2020 due to low pH on incoming River water at 6.63 which resulted in a low effluent pH value.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	84	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.6	*****	6.9	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.84	.88	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	8/12/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Temperature exceedance 7/28/2020 due to prolonged temperatures greater than 90 degrees and drought conditions, incoming temperature recorded at 28.8C. Weekly TRC sample result for 7/31/2020 <0.20 mg/L.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		08/12/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	83	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	7.1	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.66	.76	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 3				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	09/14/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The TRC testing has been established as part of a corrective action plan which included set up for in house analyses approved by NHDES (testing started Sept 4 , 2020). One sample in the reporting period was sent to a lab as a process check with a result of 0.29 mg/L however the test was completed outside of the hold time.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
08/01/2020	08/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		09/14/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	76	deg F		Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.5	*****	7	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.58	.76	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	380	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO				(603)627-5150		0/13/2020	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SEE PERMIT ISSUED JUNE 1ST 2001 FOR FURTHER MONITORING REQUIREMENTS.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	72	deg F		Annual	Grab
00011 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	deg F		Annual	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.01	SU		Annual	Grab
00400 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	SU		Annual	Grab
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	14	mg/L		Annual	Composite
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	12	mg/L		Annual	Grab
00410 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	mg/L		Annual	Composite
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	19	mg/L		Annual	Grab
00900 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0001	mg/L		Annual	Composite
01027 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		0/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cadmium, total [as Cd]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0001	mg/L		Annual	Grab
01027 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0064	mg/L		Annual	Composite
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0008	mg/L		Annual	Grab
01042 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0002	mg/L		Annual	Composite
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .0002	mg/L		Annual	Grab
01051 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Annual	Composite
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .001	mg/L		Annual	Grab
01067 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		0/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.006	mg/L		Annual	Composite
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0031	mg/L		Annual	Grab
01092 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.031	mg/L		Annual	Composite
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.028	mg/L		Annual	Grab
01105 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Annual	Composite
51446 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Composite
Nitrogen, Ammonia Total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< .1	mg/L		Annual	Grab
51446 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Annual	Grab
Noel Static 7Day Chronic Ceriodaphnia	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Annual	Composite
TBD3B 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		0/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-T
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

TOXICITY TESTING FOR OUTFALL 004
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Noel Static 7Day Chronic Pimephales	SAMPLE MEASUREMENT	*****	*****	*****	100	*****	*****	%		Annual	Composite
TBD6C 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	*****	%		Annual	Composite

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	0/13/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
SUBMIT REPORT WITH DMR.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
09/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		0/13/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	09/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.7	*****	6.7	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		2/15/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	69.3	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.8	SU	1	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.58	.89	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.19	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	1/11/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

One reported pH exceedance was due to low pH in the incoming water (River 6.16pH) and 004 Effluent 6.15 pH. Also for note the plant was shut down for annual maintenance and there was no discharge at outfall 004 from 10/12/2020 through 10/16/2020.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	10/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		1/11/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	59	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.3	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.74	1.12	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.18	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	2/09/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

During sampling in November 2020 the incoming Merrimack River pH was below the permit limits resulting in effluent pH to be outside the permit limits on all 4 samples.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/01/2020	11/30/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		2/09/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	49	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.5	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.68	1.1	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	11/13/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The 4 exceedances for pH were due to low pH reading on the intake from Merrimack River therefore resulting in low pH values for the discharge outside the permit range. This occurred all 4 of the 5 weeks of the reporting period.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
12/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.005	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		11/13/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/01/2020	12/31/2020

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.2	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		12/05/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

4Q Sampling was missed, a make up sample was taken on 1/11/2021 - pH of incoming Merrimack river were at 6.24 resulting in a below permit range pH of 6.22.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	54	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.8	*****	6.2	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	.89	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.1	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO				(603)627-5150		12/15/2021	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Merrimack River pH continues to run low resulting in an Effluent reading below our permit range on all 4 weeks of the month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	01/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		12/15/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	51	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	6.2	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.65	.63	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.12	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	03/08/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The Merrimack River pH continues to be below our permit limits therefore resulting in effluent pH below our permit limit on all 4 weeks of the month.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
02/01/2021	02/28/2021

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE	
James Bizarro/ President and CEO			(603)627-5150	03/08/2021	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	57	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6	*****	6.1	SU	4	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.66	.63	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.31	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	4/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

All 4 weeks of pH sampling were below our permit limits, the incoming Merrimack River water pH was below the permit limit therefore resulting in a discharge that was below permit limits.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
03/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		04/14/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
01/01/2021	03/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.2	*****	6.2	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4	< 4	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	14/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
Incoming Merrimack River water pH was low 6.24 resulting in a low sample pH.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	61	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	6.1	SU	5	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.67	.67	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.15	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE		DATE	
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150		05/13/2021	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Merrimack River pH continues to be below our permit limits therefore resulting in effluent pH outside our permit range causing all 5 weeks to be exceedances. In addition the river water meter failed causing erroneous readings for much of April, in conversation with Stephanie Larson (email 5/6/2021) an average of the previous 3 months was used for the total gallons discharged for the month of April.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	04/30/2021

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.003	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		05/13/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	75	deg F		Weekly	Grab
00011 1 1 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Weekly	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	6.8	SU	3	Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.6	.89	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.22	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	6/14/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

The incoming Merrimack water pH remains low resulting in a low pH for the effluent that is outside the permit range causing 3 of the 4 weeks to be an exceedance.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2021	05/31/2021

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE	DATE
James Bizarro/ President and CEO			(603)627-5150	6/14/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	004-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 03103
MINOR

NON-CONTACT COOLING WATER
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Temperature, water deg. fahrenheit	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	85	deg F	1	Three per Week	Grab
00011 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	83 DAILY MX	deg F		Three per Week	Grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.1	*****	7	SU	5	Three per Week	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Weekly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.69	.91	MGD	*****	*****	*****	*****		Continuous	Meter
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	1.44 DAILY MX	MGD	*****	*****	*****	*****		Continuous	Meter
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.28	ug/L		Weekly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Weekly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro		TELEPHONE	DATE
James Bizarro/ President and CEO		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(603)627-5150	7/11/2021
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NYOCA is sampling Temperature and pH 3 times a week (permit only calls for Temperature however we do pH as well) The pH exceedances were all due to incoming Merrimack River pH being low. The one temperature exceedance was also a result of the incoming river water temperature at 85F resulting in a discharge temperature of 85F on 6/29/21.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-A
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2021	06/30/2021

DMR Mailing ZIP CODE: 03103
MINOR

MONTHLY MONITORING FOR BACKWASH V
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	.003	.004	MGD	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	.01 DAILY MX	MGD	*****	*****	*****	*****		Monthly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		7/11/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)
NAME: NYLON CORPORATION OF AMERICA
ADDRESS: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
FACILITY: NYLON CORPORATION OF AMERICA
LOCATION: 333 SUNDIAL AVENUE
MANCHESTER, NH 03103
ATTN: Susan Brown, Compliance Mgr.

NH0000116	007-Q
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
04/01/2021	06/30/2021

DMR Mailing ZIP CODE: 03103
MINOR

QUARTERLY MONITORING FOR BACKWASH
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	5.9	*****	5.9	SU	1	Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8 MAXIMUM	SU		Quarterly	Grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5	5	mg/L		Quarterly	Grab
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	30 MO AVG	100 DAILY MX	mg/L		Quarterly	Grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 5	mg/L		Quarterly	Grab
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	James Bizarro	TELEPHONE		DATE
James Bizarro/ President and CEO			(603)627-5150		07/11/2021
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

pH exceedance was due to incoming Merrimack river pH at 5.88 resulting in a discharge pH of 5.89.